

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Daniel L. Poole et al.)
Application No.:)
Filed: HEREWITH)
Title: SELF ADJUSTING GROOVED)
PLIERS)



CERTIFICATE OF EXPRESS MAIL

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

"Express Mail" mailing label number: EV331820468US
Date of Deposit 01 August 2003

Dear Sir:

I hereby certify that the attached Application Transmittal Form; Declaration and Power of Attorney, executed; Information Disclosure Statement; Information Disclosure Citation; Application: Specification, fourteen (14) pages, Claims, six (6) pages, Abstract one (1) page; six (6) sheets informal drawings and one (1) copies of same; check for appropriate fees; and a postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, Mail Stop PATENT APPLICATION on 01 August 2003.

W. L. Edwards
Signature

PARSONS & GOLTRY
340 East Palm Lane
Suite 260
Phoenix, Arizona 85004
(602) 252-7494

01 August 2003
Date

Respectfully submitted,
Robert A. Parsons
Robert A. Parsons
Attorney for Applicant
Registration No. 32,713



119 U.S. PTO

FORM PTO-1082

Case Docket No. 3339-PA15

MAIL STOP PATENT APPLICATION
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor: DANIEL L. POOLE; ROBERT N. POOLE
 Entitled: SELF ADJUSTING GROOVED PLIERS

Enclosed are:

☒ 21 sheets of specification, claims and abstract☒ 6 sheet(s) of drawings and 1 copy of same☐ An Assignment of the invention to: _____.☒ Declaration and Power of Attorney (X)Executed ()Unexecuted☒ Applicant is Small Entity☒ Information Disclosure Statement☐ Request concerning 18-month publication under 35 U.S.C. 122(b)☒ Also enc.: Information Disclosure Citation and _____.

The filing fee has been calculated as shown below:

(Col. 1)		(Col.2)	SMALL ENTITY		LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE:	1		X375 =	\$375	X750 =	750
TOTAL CLAIMS:	16 - 20 =	0	X 9 = \$	or	X 18 = \$	
INDEP CLAIMS:	2 - 3 =	0	X 42 = \$	or	X 84 = \$	
MULTIPLE DEPEND CLAIM PRESENTED			X140 = \$	or	X280 = \$	
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☐ Please charge the Deposit Account No. _____ in the amount of \$_____.☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____.☐ A duplicate copy of this transmittal sheet is enclosed.

Respectfully submitted,

Robert A. Parsons, Reg. No. 32,713

8/1/03
 Date